HEALTH & SAFETY

CHECK SHEET

Company Name and Details Here

Company Address Here

Company Address

Postcode

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Sheet - to cover: Planned & actual work, Risks & Safe working methods applicable** | | | |
| Customer | [CUSTNAME] | Site contact | [SITECONTACT] |
| Site address | [SITEADD] [PCODE] | Location(s) on site | [LOCATIONS] |
| Priority level | [TXT1] | Contact Tel | [CONTACTTEL] |
| Job raised on | [TXT2] | Due date | [DUEDATE] |
| Customer ref | [TXT3] | Target completion | [TARGETDATE] |
| Job Number | [TXT4] | Lead Engineer/ Supervisor | [LEADENG] |
| Scope of planned works (in sequence): | | | |
| [SCOPEOFWORK] | |  | |
| Risk assessments applicable to the expected works-numbers as highlighted within the engineers file: | | | |
| [RISKASSESS] | | | |
| Lead Engineer/Supervisor to note any additional risks or unexpected work circumstances (NOTE: if significant other risks are found the Engineer must seek advice from the office before proceeding) [NOTES] | | | |
| Actual work carried out/Engineers report-with any variations noted:  [WORK] | | | |

**Time Card**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Engineer(s)** | **Date** | **Travel (Hrs)** | | **Time on site** | **Time off site** | **Miles** | | **Completed** |
|  |  |  | |  |  |  | |  |
|  |  |  | |  |  |  | |  |
|  |  |  | |  |  |  | |  |
|  |  |  | |  |  |  | |  |
| **CUSTOMER DECLARATION: As the customer, I confirm that the work has been carried out to my satisfaction** | | | | | | | | |
| **SIGNED:** | | | **PRINTED NAME:** | | | | **DATE:** | |

**Hazard Identification- the following may be or are present based on our knowledge of the work or the site circumstances:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Occupiers | [CB1] | | Hazardous substances | | | [CB6] | Manual handling | | | [CB11] | Slips trips & falls | | | [CB16] |
| Public | [CB2] | | Asbestos | | | [CB7] | Lifting operations | | | [CB12] | Highway works | | | [CB17] |
| Work at height | [CB3] | | Fragile roof surfaces | | | [CB8] | Flammable gases | | | [CB13] | Security | | | [CB18] |
| Heat | [CB4] | | Pressure systems | | | [CB9] | Electricity | | | [CB14] | Traffic movement | | | [CB19] |
| Noise | [CB5] | | Confined spaces | | | [CB10] | Below ground | | | [CB15] | Other-list below | | | [CB20] |
| **Other hazards to be noted below with safe working methods described ( if applicable):** | | | | | | | | | | | | | | |
| [OTHERHAZARDS] | | | | | | | | | | | | | | |
| Materials to be used:  [MATERIALS]  Storage & Delivery notes:  [STORAGE] | | | | | | | | | | | | | | |
| Tools, Plant & equipment required:  [TOOLS] | | | | | | | | | | | | | | |
| **Protective equipment to be used:** | | | | | | | | | | | | | | |
| Hard hat | | [CB21] | | | Ear protection | | [CB24] | | Knee pads | | | | [CB27] | |
| Gloves | | [CB22] | | | Goggles | | [CB25] | | Harness | | | | [CB28] | |
| FFP3 mask | | [CB23] | | | Hi Viz | | [CB26] | | Coverall | | | | [CB29] | |
| **Site specific emergency arrangements:** | | | | | | | | | | | | | | |
| Emergency escape plan | | | | [ESCAPEPLAN] | | | First Aid | [FIRSTAID] | | | | | | |
| Welfare facilities | | | | [WELFARE] | | | Site Rules | [SITERULES] | | | | | | |
| **Permit to work required?** | | | | | | | | | | | | | | |
| Hot works | | | | [CB30] | | | Services | | | | | [CB31] | | |
| Work at height | | | | [CB32] | | | Confined spaces | | | | | [CB33] | | |
| **Approved Sub-Contractors to be used- supervised by our own Managemen**t: YES / NO | | | | | | | | | | | | | | |
| Names & Trade (as applicable):  [NAMETRADE] | | | | | | | | | | | | | | |
| Waste arrangements:  [WASTE] | | | | | | | | | | | | | | |
| Lead Engineer/ Supervisor approval to proceed: I confirm that the relevant Risk, Safety, Emergency & protection arrangements are in place. It is now safe to carry out the works without the need to sign or approve any additional risk control measures  Signed: Signature from Staff Members Date: [SIGNDATE] | | | | | | | | | | | | | | |